

Circuit Court for _____ Case No. _____
City or County

Name _____					Name _____					
Street Address _____ Apt. # _____					VS.	Street Address _____ Apt. # _____				
()						()				
City	State	Zip Code	Area Code	Telephone		City	State	Zip Code	Area Code	Telephone
<i>Plaintiff</i>						<i>Defendant</i>				

PETITION FOR CONTEMPT
(Failure to Pay Child Support)
(DOM REL 2)

I, _____, representing myself, state that:
My name

1. I am the mother/ father or _____
Check One Relationship (for example, aunt, grandfather, guardian, etc.)
of the following minor child(ren) or adult disabled child(ren):

Name _____	Date of Birth _____	Name _____	Date of Birth _____
Name _____	Date of Birth _____	Name _____	Date of Birth _____
Name _____	Date of Birth _____	Name _____	Date of Birth _____

2. On _____ the Circuit Court for _____ issued an
Date City or County
order in case number _____, ordering _____
Name
to pay \$ _____ weekly/ biweekly/ monthly toward the support of the child(ren).
Amount (Check One)

3. _____ has not made child support payments as required by the
Name
Order.

4. \$ _____ child support is due as of _____ .
Amount Date

5. I do/ do not want the court to order jail time to enforce its order.
(Check One)

FOR THESE REASONS, I request the Court issue a Show Cause Order, issue an Order of Contempt for failure to pay child support, order payment of current child support and arrearages, and order any other appropriate relief.

Date Signature

IMPORTANT: YOU MUST ATTACH A SHOW CAUSE ORDER TO THIS FORM
(Use Form DOM REL 53)